Notice of Privacy Practices

The Healing Institute of Physical Therapy, LLC

Doing business as The Healing Institute

Effective Date: 12/30/2024

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Commitment to Your Privacy

The Healing Institute of Physical Therapy, LLC ("The Healing Institute," "we," "us," or "our") understands that your health information is personal. We are committed to protecting your protected health information ("PHI") in accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other applicable laws.

- Maintain the privacy and security of your PHI
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of the Notice currently in effect
- Notify you if a breach occurs that may have compromised the privacy or security of your information, when required by law

How We May Use and Disclose Your Health Information

We may use and disclose your PHI without your written authorization for the following purposes:

1. Treatment

We may use and share your PHI to provide, coordinate, or manage your care.

- Evaluating your condition
- Creating and updating your treatment plan
- Communicating with your physician, referring provider, or other healthcare professionals involved in your care
- Sharing therapy notes, evaluations, progress notes, or discharge summaries as needed for your treatment

2. Payment

We may use and disclose your PHI to bill and collect payment for services we provide.

- Verifying insurance eligibility and benefits
- Submitting claims to your health plan
- Requesting prior authorization
- Sending information to your insurer, workers' compensation carrier, case manager, or claims administrator
- Collecting copayments, coinsurance, deductibles, or balances you owe

3. Health Care Operations

We may use and disclose your PHI for our normal business operations.

- Quality assessment and improvement

- Staff training and supervision
- Licensing, accreditation, and credentialing activities
- Compliance, auditing, and legal review
- Business planning and administrative services

4. Appointment Reminders and Care Communications

We may contact you about appointments, follow-up care, scheduling changes, or information related to your treatment. This may include phone calls, voicemails, text messages, emails, or mailed notices, using the contact information you provide.

5. Individuals Involved in Your Care

Unless you object, we may share relevant information with a family member, caregiver, or other person involved in your care or payment for your care when appropriate.

6. As Required by Law

We may use or disclose your PHI when required by federal, state, or local law.

7. Public Health and Safety

We may disclose PHI for public health activities or to prevent or lessen a serious threat to health or safety, when permitted by law.

8. Health Oversight Activities

We may disclose PHI to government agencies for audits, investigations, inspections, licensure, and other oversight activities permitted by law.

9. Workers' Compensation

We may disclose PHI as authorized or required to comply with workers' compensation laws and related programs.

10. Lawsuits, Court Orders, and Law Enforcement

We may disclose PHI in response to a court order, subpoena, discovery request, or other lawful process when permitted or required by law.

11. Business Associates

We may share PHI with third-party service providers that perform functions on our behalf, such as billing, software, records management, or legal/compliance support. These parties are required to protect your information.

Uses and Disclosures That Usually Require Your Written Authorization

We will obtain your written authorization before using or disclosing your PHI for purposes not otherwise permitted by law. In general, this includes:

- Most disclosures not related to treatment, payment, or healthcare operations
- Most marketing uses
- Any sale of PHI, if applicable
- Other uses where HIPAA specifically requires authorization

You may revoke an authorization at any time in writing, except to the extent we have already acted on it.

Your Rights Regarding Your Health Information

You have the following rights, subject to certain legal exceptions:

1. Right to Inspect and Obtain a Copy

You may request to inspect or obtain a copy of your medical record and billing record maintained by us.

2. Right to Request an Amendment

If you believe information in your record is incorrect or incomplete, you may request that we amend it. We may deny the request in certain circumstances, but we will explain the reason in writing.

3. Right to an Accounting of Disclosures

You may request a list of certain disclosures we made of your PHI, as allowed by law.

4. Right to Request Restrictions

You may request restrictions on certain uses or disclosures of your PHI. We are not required to agree to every request, except where the law requires otherwise.

5. Right to Request Confidential Communications

You may ask us to contact you in a specific way or at a specific location. For example, you may ask that we call only a certain number or send mail to a different address.

6. Right to a Paper or Electronic Copy of This Notice

You may request a paper copy of this Notice at any time, even if you agreed to receive it electronically.

7. Right to Choose Someone to Act for You

If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your health information, consistent with applicable law.

8. Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

Our Duties

- We are required to protect the privacy of your PHI and to provide you with this Notice.
- We reserve the right to change the terms of this Notice and to make the revised Notice effective for all PHI we maintain.
- Any updated Notice will be available in our office and on our website, if applicable.

Contact Information / Complaints

Privacy Officer	The Healing Institute of Physical Therapy, LLC
Address	9100 E Hampton Dr #A2 Capitol Heights, MD 20743
Phone	301-909-8409
Email	admin@healinginstitutept.com
Additional Complaint Option	You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

Acknowledgment

We will provide you with this Notice no later than your first service encounter and may ask you to sign an acknowledgment that you received it. Signing that acknowledgment only confirms receipt of the Notice; it does not mean you are authorizing other disclosures beyond those allowed by law.

This document is a practice-use template and should be reviewed by legal counsel or a HIPAA compliance professional before final publication.